10 784 482

Linda A. Baumler
Personal Representative for the
Estate of Frederick S. Billig
12310 Hungerford Manor Ct.
Monrovia, MD 21770
301-831-6097

January 18, 2008

U.S. Patent and Trademark Office
Mail Stop Post Issue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Ref: Frederick S. Billig Patent Number 7,216,474 B2

Due to the death of Frederick S. Billig, please direct all future correspondence to me at the above address. Attached are Letters of Administration and a Death Certificate.

Sincerely,

Linda A. Baumler

Linda A. Baumler

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY, FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

FREDERICK S. BILLIG,
Deceased.

File No. 502006CP003372XXXXSB
Division IY

LETTERS OF ADMINISTRATION
(multiple personal representatives)

TO ALL WHOM IT MAY CONCERN:

WHEREAS, FREDERICK S. BILLIG, a resident of Palm Beach County, Florida, died on June 1, 2006, owning assets in the State of Florida, and

WHEREAS, LINDA A. BAUMLER and FREDERICK T. BILLIG have been appointed Personal Representatives of the estate of the decedent and have performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare LINDA A. BAUMLER and FREDERICK T. BILLIG duly qualified under the laws of the State of Florida to act as Personal Representatives of the estate of FREDERICK S. BILLIG, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

Ordered on July 07, 2006.

GL Vonhof

GARY L. VONHOF
Circuit Judge

STATE OF FLORIDA • PALM BEACH COUNTY
I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.
THIS 7 DAY OF July, 2006
SHARON R. BOCK
CLERK & COMPTROLLER
By _____ DEPUTY CLERK

VALID ONLY WITH IMPRESSED SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

DATE ISSUED: JUN 2 8 2006

Geneva D. Sparks
STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

Amend Items: 10a, b, c & f per Inf. C-856 6/28/06 rb

1- For State Registrar Amend item: 26 per M.D 6/28/06 rb

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2006 17354
Reg. No.

Physician /Medical Examiner

1. Decedent's Name (First, Middle, Last): Frederick Stucky Billig
2. Date of Death Month Day Year: June 1, 2006
3. Time of Death: 3:10 AM
4a. Facility Name (If not institution, give street and number): 15020 Rolling Hills Drive
4b. City, Town, or Location of Death: Glenwood
4c. County of Death: Howard

Funeral Director

5. Social Security Number: 577-44-4647
6. Sex: 1 [X] M 2 [ ] F
7. Age (In yrs. last birthday): 73 Yrs.
If Under 1 Year: Months / Days; If Under 24 Hrs.: Hours / Min.
8. Date of Birth (Month, Day, Year): Feb. 28, 1933
9. Birthplace (State or Foreign Country): Pennsylvania

Usual Residence of Decedent

10a. State: ~~Maryland~~ Florida
10b. County: ~~Howard~~ Palm Beach Co.
10c. City, Town or Location: ~~Glenwood~~ Jupiter
10d. Inside City Limits: 1 [ ] Yes 2 [X] No
10e. Street and Number: ~~15020 Rolling Hills Drive~~ 904 Mainsail Circle
10f. Zip Code: ~~21738~~ 33477
10g. Citizen of What Country? USA

11. Marital Status: 1 [ ] Never Married 2 [ ] Married 3 [X] Widowed 4 [ ] Divorced
12. Was Decedent Ever in U.S. Armed Forces? 1 [ ] Yes 2 [X] No If Yes, Give Year or Dates:
13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 [ ] Yes 2 [X] No Specify:
14. Race - American Indian, Black, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12); College (1-4 or 5+): 5+
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired): Aerospace Engineer
16b. Kind of Business/Industry: Engineering Firm

17. Father's Name (First, Middle, Last): Thomas Clifford Billig
18. Mother's Name (First, Middle, Maiden Surname): Melba Helen Stucky

19a. Informant's Name/Relationship (Type, Print): Linda Baumler/daughter
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 12310 Hungerford Manor Ct. Monrovia, MD 21770

20a. Method of Disposition: 1 [ ] Burial 2 [X] Cremation 3 [ ] Removal from State 4 [ ] Donation 5 [ ] Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory or other place): Chesapeake Crematory
Date: 06/02/06
20c. Location - City or Town, State: Beltsville, Maryland

21. Signature of Funeral Service Licensee: Beverly L Heckrotte MO1251
22. Name and Address of Facility: Going Home Cremation Service P.O. Box 784 Beverly L. Heckrotte, P.A. Clarksville, MD 21029

Physician /Medical Examiner

23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death): a. Metastatic Esophageal Carcinoma — Approximate Interval Between Onset and Death: 18 months

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last:
b. Due to (or as a consequence of):
c. Due to (or as a consequence of):
d.

IF FEMALE:
23b. Was decedent pregnant in the past 12 months? 1 [ ] Yes 2 [ ] No 9 [ ] Unknown
23c. If yes, outcome of pregnancy: 1 [ ] Live birth 2 [ ] Fetal death 3 [ ] Ectopic pregnancy 4 [ ] Pregnant at time of death 5 [ ] Other (specify) 9 [ ] Unknown
23d. Date of delivery: Month Day Year

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23e. Did tobacco use contribute to the cause of death? 1 [ ] Yes 2 [X] No 3 [ ] Probably 4 [ ] Unknown

24a. Was an autopsy performed? 1 [ ] Yes 2 [X] No
24b. Were autopsy findings available prior to completion of cause of death? 1 [ ] Yes 2 [ ] No

25. Was case referred to medical examiner? 1 [ ] Yes 2 [X] No
26. Place of Death (Check only one): second home
Hospital: 1 [ ] Inpatient 2 [ ] ER/Outpatient 3 [ ] DOA
Other: 4 [ ] Nursing Home 5 [X] Residence 6 [ ] Other (Specify)

27. Manner of Death: 1 [X] Natural 2 [ ] Accident 3 [ ] Suicide 4 [ ] Homicide 5 [ ] Pending investigation 6 [ ] Could not be determined
28a. Date of Injury (Month, Day Year)
28b. Time of Injury: M
28c. Injury at Work? 1 [ ] Yes 2 [ ] No
28d. Describe how injury occurred
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
28f. Location (Street and Number or Rural Route Number, City or Town, State)

Medical Certification: To Be Completed by Physician/Medical Examiner

29a. Certifier (Check only one): 1 [X] Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 [ ] Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
29b. Signature and title of certifier: [signature] M.D.
29c. License number: D16458
29d. Date signed (Month, Day, Year): June 1, 2006

30. Name and address of person who completed cause of death (Item 23a) (Type, Print): Thomas E. Dooley, M.D. 17904 Georgia Ave. #304 Olney, MD 20832

State Registrar

31. Date filed (Month, Day, Year): JUN 0 2 2006
32. Registrar's Signature: [signature]

Baltimore, Maryland 21215-0036
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

To Be Completed by Funeral Director

Division of Vital Records, P.O. Box 68760,
To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

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DHMH 17 Rev 1/2001